

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILAS CREEK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3350 SILAS CREEK PARKWAY</b> <b>WINSTON-SALEM, NC 27103</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	An unannounced Recertification survey was conducted on 4/12/21 to 4/15/21. The facility was found in compliance with CFR 483.73, Emergency Preparedness. Event ID# YRQJ11.  INITIAL COMMENTS	F 000		
F 558 SS=D	An unannounced onsite recertification and complaint investigation survey was conducted on 4/12/21 to 4/15/21. Event ID# YRQJ11. 7 of the 7 complaint allegations were unsubstantiated.  Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)  §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observations, record review and resident and staff interviews, the facility failed to provide residents access to turn on and off the overbed lighting as desired for 2 of 13 residents sampled. (Resident #21 and Resident #13).  The findings included:  1. Resident #21 was admitted to the facility on 8/3/20 with diagnoses of, in part, prosthetic infection and inflammatory reaction and depression.  An observation was made of Resident #21 ' s room on 4/13/21at 9:22 AM. Resident #21 was	F 558	5/7/21	
			F558 Residents #21 and #13 had the light cord for the overhead light attached to their call light switch with clips which put the light cord within their reach. Completed 4/16/2021  All residents will have their light cords for their overhead lights attached to their call light switch clips putting the cord within their reach.  Preventative Maintenance Form updated to include checking overhead light cord at	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/30/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 558	<p>Continued From page 1</p> <p>observed lying in her bed. The overbed light had a chain attached and a string attached to the chain but, was out of the resident ' s reach.</p> <p>During an interview conducted with Resident #21 on 4/13/21 at 9:22 AM, she stated she was unable to reach the chain and string attachment on the overbed light. She added she would like to be able to turn the light on and off herself.</p> <p>An interview was conducted with the Maintenance Director on 4/15/21 at 3:24 PM. He stated he made facility room rounds but did not check the overbed lighting because he thought it was a safety issue to attach the chain attached to the lighting to the resident ' s beds. He stated if a resident wanted the overbed light turned on or off, they had to ask the nursing staff.</p> <p>2. An observation on 4/14/21 at approximately 8:20 AM during medication administration revealed Resident #13 was lying in her bed. Resident #13 ' s bed was turned horizontally against the wall. The overbed light had a chain attached and was located at the foot of Resident #13 ' s bed. Resident #13 was unable to reach the chain to turn the light on and off herself.</p> <p>An interview conducted with Resident #13 conducted on 4/14/21 at approximately 8:20 AM revealed Resident #13 stated she was unable to reach the chain attached to the overbed light and would like to be able to reach it.</p> <p>An interview was conducted with the Maintenance Director on 4/15/21 at 3:24 PM He stated he made facility room rounds but did not check the overbed lighting because he thought it was a safety issue to attach the chain attached to the</p>	F 558	<p>appropriate length for resident.</p> <p>All resident rooms will be inspected and documented weekly for four weeks to ensure : Overhead light is within residents reach, Resident overhead lights are functioning, and clips are present on overhead lights.</p> <p>Compliance with the above will be monitored through by the Interdisciplinary Team through the Quality Assurance Program for three consecutive months of compliance.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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